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AUTHOR Moss, Marcia W.
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ABSTRACT

The supplement to the final report outlines the Pro-Child Project of Arlington County (Virginia) designed to provide protective and preventive services to neglected and abused children and their families. Twelve sections cover the following program areas: community context; project history; summary activities for each of 3 years; organization and staffing; project components (including community education, professional education, case management and review, and court case activities); implementation/operation problems (in such areas as staffing, acceptance and termination of cases, and development of a 24-hour hotline); future plans; project goals (including to strengthen family functioning wherever possible and therefore reduce inappropriate placements); project management and worker satisfaction; analysis of client data; community impact; and resource allocation and service volume and costs. (SBH)

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PRO-CHILD: ARLINGTON, VIRGINIA

I. COMMUNITY CONTEXT

Arlington County is a small (26 square miles), affluent suburb of Washington, D.C. It is composed primarily of large residential neighborhoods, sprawling shopping areas, very light industry, and many white-collar office complexes. Only 3.7% of the population in 1970 had incomes below the poverty level, well below the national average of 10.37%. In the same year, slightly more than half the population (52.2%) had moderate-level incomes, and fully 44.1% had household incomes over $15,000. Nearly one-fourth (23.8% of Arlington's population of 174,284 persons) is under 18 years of age, with 6.8% less than five years old.

II. HISTORY OF PROJECT

In 1973, an amendment to the existing Virginia Child Abuse Laws made it mandatory that child protective services be provided. The responsibility for providing such services for abused/neglected children and their families was vested in the State Department of Public Welfare, which then delegated it to local departments of protective services. In Arlington County, this agency is the Department of Human Resources, which was established in 1968 and merged the former health, mental health and welfare agencies. However, five years before, in 1968, services for abused/neglected children and their families were being provided in Arlington County by the Bureau of Child and Family Services, Division of Social Services, of the Department of Human Resources.

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In June 1973, the Bureau of Child and Family Services sponsored a workshop on "Protective Services to Children" for professionals in Arlington. The workshop was devoted to discussions of abuse/neglect and the protective-preventive services necessary in Arlington to deal with the problem. Uniform referral and reporting requirements, the role of the Protective-Preventive Services Unit in providing services (in contrast to investigations) to abused and neglected children and their families, and community education were all stressed at the workshop.

Out of the concern expressed at the workshop, a Protective Services Task Force was established in September 1973 to attempt to resolve some of the problems related to abuse and neglect. The Task Force included a public health nurse, a visiting teacher, a police officer, a probation counselor, a representative from the county attorney's office, a pediatrician, and representatives from the Northern Virginia Hotline, Northern Virginia Family Services, and the Division of Social Services.

The impetus for the new federal grant was the need felt by the staff of the Protective-Preventive Service Unit, the Task Force participants, and others in the community for a more comprehensive and innovative program to deal with abuse and neglect, utilizing a multidisciplinary approach. The proposal, written by staff of the Protective-Preventive Service Unit, was primarily concerned with establishing new program components whose success had been at least partially demonstrated in other programs across the country. The proposal also dealt with the weaknesses and gaps in the current Protective-Preventive Services program, particularly the lack of coordination among agencies and the fragmentation and duplication of services.

"Pro-Child," the new project, was funded in May 1974, and encompassed the old Protective-Preventive Services Unit of Social Services, including previous staff and budget.

III. SUMMARY OF ACTIVITIES

First Year Summary

Because the new federal grant was incorporated into the already-existing Protective-Preventive Services Unit, the project became operational quickly. All new staff were hired in June, with the exception of the homemaker, who was not hired until October. By July, the Advisory Board and the Multidisciplinary Team were functioning, and the Educational Task Force had been established. Staff also distributed the first project newsletter and developed all reporting forms during the summer. During the early months, project staff continued to provide services to many people who had been clients before receipt of the new grant (approximately 180), and to accept new cases as they were referred.

In the fall, the project concentrated on developing agreements with the schools, the Juvenile Court and the police to clarify the roles and responsibilities of each agency and promote early referrals of abuse/neglect cases to Pro-Child. The day care program (WAY) was developed in September, and by November the project had contracted for three emergency family homes to care for children during a crisis. Educational efforts in the community, including the development and distribution of a document entitled "Community Standards for Children," and the distribution of posters and pamphlets designed by the project continued.

A new state law for child abuse and neglect was passed in March. The project had provided input into the writing of the law, which designates the local Division of Social Services (Pro-Child in Arlington) as the agency to receive all reports, conduct investigation and provide services to abuse and neglect cases, and spent time during the winter and spring helping to develop the procedures for implementing the law. During this time, the project's case-load grew to over 230 cases, each of which received direct services from the staff, including individual, couples and family counseling, group therapy (two adult groups operating), and advocacy and supportive services (including homemaking and transportation).

An art therapy class for children (a form of play therapy) was begun in May to help in the diagnosis of children and provide an outlet for them to express themselves.

Second Year Summary

Numerous staff changes occurred during the second year; the project director, intake worker, homemaker and two secretaries were replaced, and a second intake worker was hired. Two new social workers from the Family Services Unit of DHR became part of the Pro-Child project, but the majority of their cases are ADC-related.

Implementation of the new Virginia child abuse law required the development of a 24-hour reporting capability, which the project fulfilled by developing a contract with an already-existing community hotline. One Pro-Child staff member is "on-call" every day for one-week time periods. A state central registry was also mandated in the new law, necessitating a change in reporting procedures; all cases of child abuse and neglect must now have forms filed with the state at each of four specified time intervals.

Pro-Child assumed its own intake function during the summer, and all calls were referred directly to one of the two intake workers rather than being initially screened by a central DHR intake unit.

Staff continued to carry caseloads of 25-30 clients. A play therapy group for children six to nine years old, and a group therapy session for adolescents were added to the project's service complement. The WAY program was revamped and housed in donated church space. It became an all-day day care program two days a week for 15-20 children aged two to five, under the management of a new program director paid through Pro-Child funds.

Project staff continued to respond to all community and professional education requests, and the Advisory Board to the project became a semi-autonomous group in order to more effectively lobby for necessary changes in the community child abuse system.

Third Year Summary

Major staff turnover, including the project director, five social workers and the nurse occurred during the third year. This occurred without serious disruption in the project's activities, although new personnel are only temporary due to the uncertainty of funding beyond the federal grant period.

Few changes in services occurred during the third year, although the art therapy class for children was discontinued when federal funds were cut back.

A major activity during the third year was developing a funding base to continue the project beyond May 1977. To this end, the Family Shelter Home and the psychiatrist to the Multidisciplinary Team were approved as Title XX vendors and the project received funds from the County Board of Supervisors and the state to maintain the current program through June 1977,

at which time the project hopes to be included in the county's fiscal year 1978 budget for the following year.

IV. ORGANIZATION AND STAFFING

The project is housed within the Bureau of Family and Child Services of the Division of Social Services in the Arlington Department of Human Resources, as was the previous Protective-Preventive Services Unit.

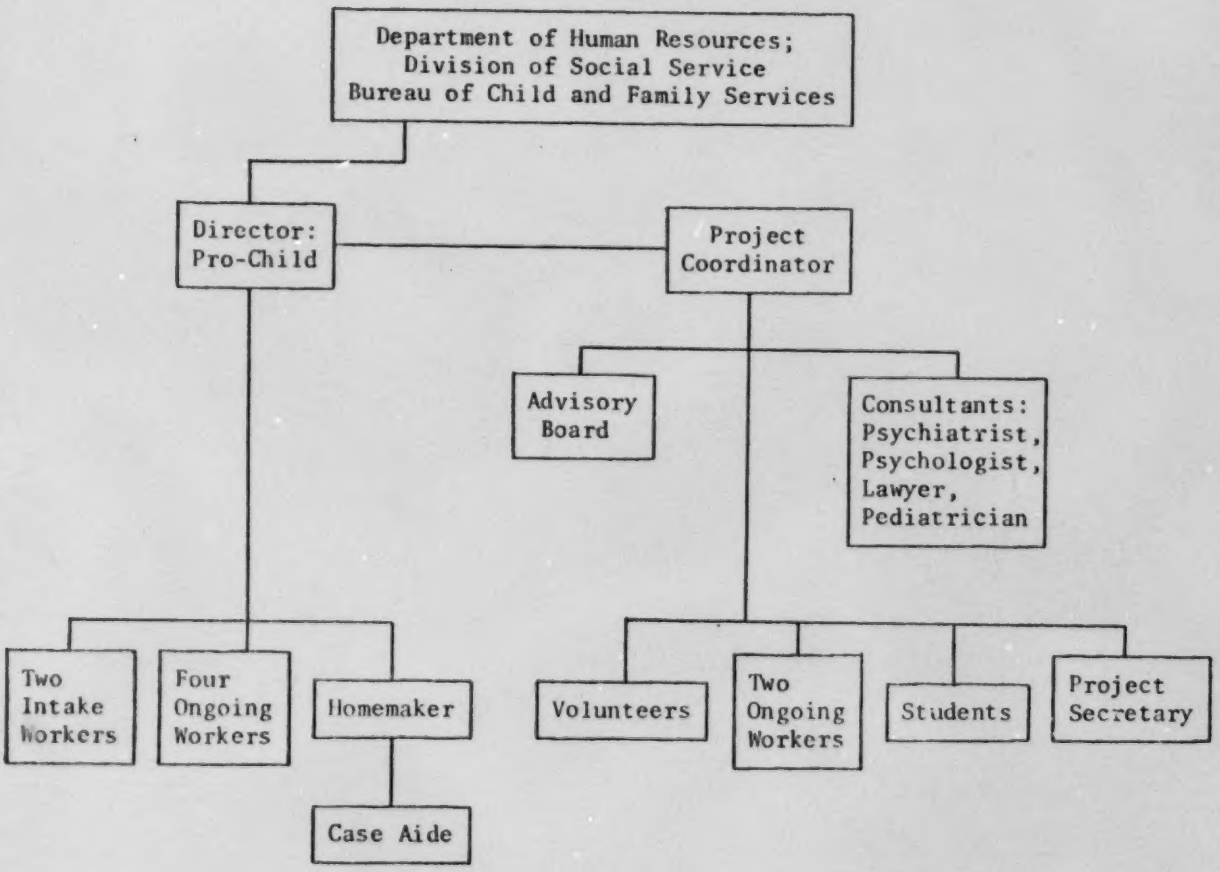
In addition to the federal monies received through the new grant, the State of Virginia and Arlington County have continued to provide monies to support the protective-preventive service workers (six social workers, a supervisor, and regularly designated time of a pediatrician, attorney, and Pupil Personnel Supervisor) and other administrative costs.

Although the project is somewhat autonomous in its day-to-day affairs because of its federal grant status, it is nonetheless subject to all departmental regulations and procedures, and the overall management and accountability rests with the Division of Social Services of the Department. All policy decisions and many administrative and program decisions are made jointly by the project director and the Chief of the Bureau of Family and Child Services within the Division of Social Services.

The Pro-Child project consists of a project director with overall responsibility for the project, a project coordinator, two intake/assessment social workers providing initial investigations and assessments of referrals, six ongoing social workers, a public health nurse who provides medical input, a case aide, a homemaker, and two project secretaries. Volunteers and students are used in both direct services and administrative capacities. The organizational relationships of these staff members and their accountability both

within the project and within the Department of Human Resources is depicted on the following chart.

Figure 1: Organizational Chart



V. PROJECT COMPONENTS

Community Education

In addition to providing direct services to clients, all Pro-Child staff have been involved in providing educational presentations for the community. These presentations are directed at helping citizens become more aware of the dynamics of child abuse and neglect, their reporting responsibilities, and the resources that are available in the community to combat this problem.

Pro-Child staff have been interviewed for newspaper and magazine articles, appeared on local television and radio shows, distributed posters and pamphlets throughout the county and given presentations to many groups, including service clubs, students and auxiliaries.

Professional Education

In order to acquaint local professionals with the problems of child abuse and neglect, the Virginia Code requirements related to abuse and neglect and the services available from Pro-Child and other agencies, the project staff have held meetings, training sessions, and interviews with a wide variety of community agencies.

Most of these efforts have been aimed at professionals who are apt to come in direct contact with abuse or neglect situations, including personnel in the schools, the Juvenile and Domestic Relations Court, and hospitals, as well as police and private physicians. In addition, professionals in other direct service agencies, including staff of the Division of Social Services, have received some educational material from Pro-Child.

Coordination

Efforts to develop a more coordinated community system, one of the goals of the project, hinge both on the educational efforts described above and on extensive coordination activities with community agencies.

Prior to passage of the new state law in early March 1975, the project's attempts at coordination were primarily in the area of centralizing reporting so that one agency, instead of three, would have responsibility for receiving and investigating all reports of abuse and neglect. Agreements were reached with both the police and the court that all abuse and neglect reports would be forwarded immediately to Pro-Child for investigation. The Virginia Code now makes this reporting procedure mandatory.

Written referral procedures and forms were distributed to other community agencies to promote easy referral to Pro-Child. The forms are being used by many agencies and there has been a noticeable increase in reporting from these sources.

Attempts to coordinate service delivery include developing procedures for referrals and follow-up between service delivery agencies, and joint consultation on individual cases whenever necessary.

Legislation and Policy

During its first year, staff of Pro-Child worked with state legislators and other agency personnel to draft a new child abuse and neglect law in Virginia. The new law, Title 63.1, passed in March 1975, designates the local department of welfare (Pro-Child) as the sole agency to receive reports. It broadens the definition of abuse and neglect, provides penalties for failure to report, and mandates 24-hour reporting and investigation coverage, the use

multidisciplinary teams, and the establishment of a state Central Registry. Each of these provisions was supported by Pro-Child, and the multidisciplinary team approach was patterned, in part, after Pro-Child's program. The project director and coordinator were involved in the statewide task forces responsible for devising regulations to implement the law.

Research

The evaluation efforts of the project have included the development of monthly statistical summaries of all cases, logs of client contacts, and other record keeping procedures required by the Department or the state agency, as well as cooperation with all BPA evaluation procedures.

Additional research efforts include: (a) an analysis of referral sources to determine the effectiveness of Pro-Child's educational efforts; (b) analysis of client success and recidivism rates; (c) a survey of clients to determine their impressions about the project and the services they received; (d) participation in a research study by a professor of social work and students to test maternal attitudes of Pro-Child clients; and (e) participation in a research study by a graduate student to assess the impulse control of Pro-Child clients.

Case Management and Regular Review

Each of the social workers on the staff provides general casework services for all clients in his or her caseload (approximately 25 per staff member) either individually or as a team with other staff members. Home visits, telephone calls, and office visits are all used to maintain close contact with clients.

The workers provide a supportive, non-judgmental framework for discussing the families' problems and attempting to resolve them. In the course of this casework, they assess the needs of the family and provide, either directly or through referral to other agencies, the services required. Agencies in Arlington that provide supplementary financial assistance, clothing, food, transportation, legal aid, egc., are used as referral sources by Pro-Child workers. In addition, many services are available through other units of the Division of Social Services, e.g., ADC assistance and public health clinics, including a well-baby, dental, mental health, child diagnostic and evaluation, growth and development, alcoholic and drug abuse clinics. Follow-up on referrals is usually provided.

Each worker reviews his or her ongoing cases at least once every three months. At this time the client's progress is assessed, any new problems are explored, and if warranted, new goals and treatment plans for the client are established. Less formal, ongoing review of cases takes place with each worker's supervisor on an as-needed basis.

Court Case Activities

Staff social workers who are faced with the need to present a case in court are given legal counsel by the lawyer who is a member of the multidisciplinary team. The County Attorney's office has donated 20% of this lawyer's time to the project.

The social workers prepare the necessary petitions with assistance from the lawyer, explain all of the proceedings to the parents and child, and appear in court to testify and make recommendations about the disposition of the case. They then provide the necessary assistance in implementing whatever

decision has been reached by the court. If a case requires foster care services, Pro-Child usually continues to work with the family while the child is in care, in order to effect early family reunification.

Psychological Testing

Psychological testing of both adults and children is provided by the psychologist who serves as a consultant to the project and is a member of the multidisciplinary team. His interpretation of the tests administered is aided by his thorough knowledge of the types of cases which Pro-Child handles. His continuing availability to workers for consultation helps provide more appropriate treatment planning.

Multidisciplinary Team Review

Multidisciplinary team reviews of complex or problem cases are held on a bi-weekly basis. Two cases a session are usually reviewed with all staff and consultants, including a pediatrician, psychiatrist, psychologist, lawyer and a school representative. In addition, other professionals who have direct knowledge of a case, for example, a public health nurse or school social workers, are often asked to attend these meetings. The meetings are held both to enable an individual worker to better deal with a specific case and to provide continuing education and exposure to a variety of problems for the remainder of the staff.

Individual Therapy and Counseling

The treatment mode most frequently used by Pro-Child staff, either alone or in conjunction with other services, is individual therapy or counseling. Through this technique, the staff attempt to engage clients in a dialogue

that permits the client to explore his or her feelings about problems he or she is encountering, to analyze various solutions to the problems, and to choose a course of action suited to achieving his or her desired goals. This counseling usually takes place in the client's home or the Pro-Child offices, as often as necessary, and is not limited to strict "appointment" times. The counseling tends to be intensive when a client first enters the project and around crisis periods, and gradually tapers off as clients become more able to cope with their problems.

Group Therapy

Three staff members co-lead group therapy sessions for many Pro-Child clients. There are currently afternoon and evening mothers' groups and an adolescent group; each has approximately 10 participants. Two of the social workers are also jointly offering family therapy sessions for a few of their clients.

Day Care

During its first year, Pro-Child provided day care for up to 15 children one day a week through a contract with the local YMCA. The primary purpose of the WAY program (Wednesday at the Y) was to give the parents some relief from their daily child care responsibilities and to provide an opportunity to assess the developmental difficulties of the children. The children were provided with a variety of learning experiences, went on field trips and had structured play time. During the second year, the program was expanded to 20 children participating two mornings a week and is now housed in donated church space.

Special Family Care Homes

Pro-Child has four family care homes for the temporary day and over-night care of children. Three of these homes take children of all ages for short periods and one home works only with adolescents. One of the homes for younger children is subsidized by Pro-Child, so that there is always at least one slot held open for real emergencies. The other homes are reimbursed, based on the number of days and nights a child is in care. These homes are particularly appropriate for situations where brief child care is needed, e.g., a family crisis requiring a "cooling down" period or a temporary hospitalization.

Play Therapy

An art therapy class for up to six children was provided once a week by a trained art therapist. These classes provide a mechanism for the improved diagnosis of children's psychological problems and provide the children with an acceptable way of expressing themselves.

Homemaking Services

Homemaking services, including assistance in household management, budget preparation, and nutrition counseling, are provided for many clients by the project's homemaker.

Medical Care

The public health nurse, who is a member of the staff, provides medical screening and provides nursing services and routine medical care for parents and children when required. In addition, many other forms of medical care are available to Pro-Child clients through clinics and special programs operated by the Department of Human Resources.

Transportation

County cars are available to the case aide and other staff to provide clients with transportation to shopping areas, medical and other appointments, Pro-Child activities, and the day care program. In addition, the three staff members providing group therapy supply participants with transportation to and from these sessions.

Financial Support

A modest amount of money is available, partly through the grant and partly from private donations, to make small loans to clients in a financial crisis. Food, clothing and other supplies are also provided to clients who are in need.

VI. IMPLEMENTATION/OPERATION PROBLEMS

Because the project was added onto an already operational child protective services unit, it was spared some of the early implementation issues faced by totally new programs. Some of its later implementation issues, however, stem directly from being housed in an agency that has both local and state regulations and procedures with which to contend. The most significant issues which the project has faced include the following.

Staffing

Because the project was formed from an already existing program, most of the staff were already a part of the project at the time of the grant award. Highly qualified staff were quickly found for most of the new positions. Only the homemaker and pediatrician positions took a long time to fill. Afilliation with a public agency requires that all hiring proceed according to

Civil Service regulations. These regulations often hold up actual hiring for weeks, or months, which is what happened when the project was recruiting for a homemaker.

This same problem was faced early in the second year when four staff positions were open owing to loss of three staff members and the addition of a new position (a second intake worker) funded in the second year grant. Even though the people to fill these positions had been selected, there was little the project could do in these circumstances, beyond making a concerted effort to complete all paperwork quickly, attempting some compromises with the personnel department and other DHR units from which staff were transferring into Pro-Child, and in developing contingency plans that shifted some of the workload from the unfilled positions onto existing staff.

Role of Pro-Child within the Community

Although Pro-Child had a certain legitimacy from its position within a public agency, there were some initial problems implementing the roles that project staff envisioned for themselves within the existing community system. The laws in effect at the time the project began did not provide for reports to be made to the project, although Pro-Child was designated as the agency to provide "protective services." Staff considered a single agency that would receive reports, conduct investigations and provide necessary services the only way to coordinate the system and remedy the existing gaps and duplications in services that the fragmented system had fostered. Through painstaking negotiations and compromises with key agencies (police, juvenile court, schools, other DHR units) on all sides, the project had developed the necessary procedures and mechanisms for this kind of system even before the

new Virginia law mandated a single Department of Welfare (Pro-Child) reporting agency in early 1975.

In retrospect, the method they found most useful was early and continuing participation of representatives of key community agencies in all discussions about the project, its aims, and the relationships that needed to be developed in the community in order for an effective system to operate. The project now has a core of committed community agency professionals who participate both formally, through the Advisory Board, and informally in developing the plans and procedures of the project that affect other agencies.

Multidisciplinary Approach

From its inception, the project was committed to developing a multidisciplinary approach to the problem of child abuse and neglect through the hiring of a variety of people from different disciplines and the implementation of the multidisciplinary team. The team was, from the beginning, favorably received by all participants and has proved an invaluable source of guidance for staff members attempting to deal with complex cases.

It was more difficult for some social work staff, who were accustomed to handling their own cases alone, to adjust to the concept of working as a team with other project staff who were not social workers. There was considerable confusion about the roles and responsibilities of new staff members (public health nurse, homemaker, case aide, parent aides), and there were problems in determining the proper role for Pro-Child staff in cases where other professionals were simultaneously involved with a family, e.g., other public health nurses, psychiatrists, probation officers, staffs of other agencies. Frank discussions with all staff members, and some role

clarification by the project director resulted in a greater exchange among staff and, gradually, productive working relationships were developed.

Initially the project had difficulties integrating the parent aides into the overall program. Although several volunteers were trained early in the project's history, their work with parents on an ongoing basis was sporadic because staff was uncomfortable with the concept of non-project personnel dealing directly with clients. In the final year, however, six parent aides were working consistently with families. A more gradual introduction of the parent aides, allowing sufficient time for staff to participate in their orientation and training and to become confident in their abilities might have alleviated this problem from the outset.

Criteria for Acceptance and Termination of Cases

Prior to the project's implementation, the Protective-Preventive Services Unit accepted both substantiated cases of abuse and those cases in which there appeared a potential for abuse. Although new staff positions were added with the additional project funds, the number of referrals had been steadily increasing to the point where all workers perceived their effectiveness was diminished by the sheer number of cases they were handling. In addition, some of the preventive cases they accepted merely because there was no other available resource to handle the client's problems, particularly adolescents, were inappropriate, in view of the services Pro-Child offers. After thoroughly discussing the problem, the staff developed specific criteria for the acceptance of cases including a priority "weighting" for different types of cases. The highest priority was given to cases where an incident of abuse or severe neglect has recently occurred. For the most part, these criteria were adhered to during all screening of cases, and cases that were determined to

be inappropriate for Pro-Child services were referred, whenever possible, to another agency or program for service.

Much the same problem has arisen in regard to termination criteria and procedures, since many cases have been open to the agency for years on a "maintenance" status, involving little more than periodic contact to assure the worker that the situation remained semi-stable. Although the project never developed formal termination criteria, this was an area which staff believe more attention should have been paid.

Development of a 24-Hour Hotline

From the inception of the project, staff were committed to the development of 24-hour coverage via a hotline number that could be used by professionals and community residents to report abuse/neglect cases during the hours Pro-Child is not officially open. The most feasible method for this coverage was to tie into the Northern Virginia Hotline, a county organization staffed by volunteers that provided 24-hour counseling and referral services to people who call with a variety of problems, e.g., drugs, alcoholism, mental health disorders, housing problems.

All the arrangements for this system had been worked out by the project coordinator and the director of the hotline early in the first program year and Pro-Child staff were willing to assume this project; however the project staff believed they were entitled to compensation, in the form of overtime pay or compensatory time off, for the evening and weekend hours they were on-call. The Division of Social Services' Chief was willing to authorize compensation for time actually working (e.g., doing a home investigation), but not merely on-call time. This impasse continued for the remainder of the first year and the 24-hour coverage system was not implemented.

However, the new state legislation which required 24-hour coverage finally led to resolution of the issue.

For projects housed in public agencies, it is clear that developing programs that require changes in personnel or staff payment procedures can be very complicated, since it is difficult to implement changes for one unit of an agency that are not applicable to other units. While compromises were made on both sides, little could be done to resolve the issue without the impetus of the state requirement.

Coordination with Other DHR Units

Project staff expressed concern that the Pro-Child project was never well-integrated into the existing Department of Human Resources overall program and that coordination with other units had been difficult. In part, some of the strained relations are probably due to feelings that the Pro-Child project staff members were, by virtue of their federal project status, favored by the Department and had less difficulty providing services because of their increased resources. On the other hand, in the early days of implementing the project, more attention was focused on other community agencies, because it was assumed that coordination with DHR, in which the project was housed, was less problematic and could be resolved at a later date.

The project finally realized that good working relationships with other DHR units were particularly important since many of their clients require services provided by these units (foster care, adult services, ADC assistance, etc.). Many meetings were held with these units and educational presentations made to try to bolster the image of the project within the Department.

Project Continuation

Securing the necessary funds to continue the entire Pro-Child program after the federal funds expire has been a primary problem and source of frustration during the third grant year. Indications early in the project's history were that a combination of local money and additional state support (including use of Title XX funds) could be expected to finance the program components currently funded federally (approximately 1/2 of the total program). In December of 1976 the County Board of Supervisors unanimously agreed to support the project from March through June 30 1977, when a new fiscal year would begin and the project's application for full-year funding would again be considered. Since that time, however, indications are that the Department of Human Resources is not actively supporting the project's bid for additional local or state funds, a move that seriously threatens any chances of funding. While the project is continuing to actively pursue state and local public support and may look for private funding, the lack of support and guidance from the Department has caused serious morale problems among staff and has led to early termination of some aspects of the program.

VII. FUTURE PLANS

After a protracged period of uncertainty (from March through June), the County Board of Supervisors and the State have provided funding for two additional social worker slots for Pro-Child and upgraded an additional slot to a supervisory level. Thus, all indications are that the project will be able to continue its program almost intact, except for the provision of homemaking services and nursing support (neither the homemaker's nor the nurse's position were funded). Homemaking services, however, are

still somewhat available through other units within the Department of Human Resources, and the project director is currently attempting to develop an agreement with the Department of Public Health to provide some portion of a public health nurse's time for project-related clients. Project staff are also working to finalize an arrangement with the Diagnostic and Evaluation Clinic of DHR, and a community civic group to provide the space, materials and staff to operate an expanded day care program which would be primarily funded through Title XX. Indications are that this program will become operational in the fall. The Multidisciplinary Team has been re-activated. It now includes the previous members (except for the psychiatrist, who was replaced by a psychologist) who meet once a month to review and provide input on the case management of particularly problematic families. Community and professional education activities, which had virtually stopped pending the approval of additional funds, will resume in the fall. The project will still have the use of one Family Support Home and an Emergency Foster Home for crisis placement of children/parents without going through the Courts.

The general case management and service provision activities of all staff will remain as previously, but the project will now provide services to an unspecified (but hopefully small) number of former state offenders. New legislation in Virginia has transferred service provision to these children and their families out of the Courts as much as possible, and into community agencies such as mental health and social services.

Tremendous professional and community support for the project, and the staff's dogged determination to provide DHR, the county and the state with adequate evidence of the project's success can be credited for the

final victory in maintaining the project's services beyond the demonstration period. Although originally there was little support from DHR, in view of other Departmental priorities, eventually it became clear that the project's proven track record made it the logical program to absorb any new staff positions allocated to the Department, and the Department began lobbying for the two Pro-Child positions.

VIII. PROJECT GOALS

The Pro-Child project has made significant progress towards accomplishment of each of the goals articulated by staff as high priority during the demonstration period. New and innovative services for abusive and neglectful parents and their children have been provided to approximately 400 cases per year by project staff. Educational programs have been presented to nearly every identified agency in the county involved or potentially involved in the child abuse and neglect problem. As a result of these educational presentations and additional coordinative efforts, and strengthened by new Virginia legislation, a more comprehensive and integrated system for dealing with all phases of the problem, from identification through reporting, case management, treatment and follow-up, has emerged in Arlington. Because the project is housed within the local protective services agency, it appears likely that many of the positive gains achieved by Pro-Child will be of a lasting nature, since this agency is a permanent component of the state Department of Human Resources.

The specific accomplishments made by the project toward achieving its high priority goals are as follows:

Goal 1: To develop public awareness of the problem of child abuse and neglect by providing education in the detection, prevention, protection and care of the abused child, and to develop a knowledge of services available in the community and an understanding of the alternatives to placement of the child.

The project has made very significant efforts to educate both the lay and professional citizens as to the etiology of child abuse and neglect and the current Virginia law related to suspected cases, and to instill non-punitive, therapeutic attitudes toward people experiencing this problem. Project staff have surpassed their targeted figures for these educational efforts. In fiscal year 1976 alone, the staff gave over 133 written and oral presentations, reaching an estimated 2100 professionals and non-professionals in Arlington. The people receiving education represent the Arlington community, other divisions of the Department of Human Resources, schools, courts, hospitals, military and other public and private agencies.

Professionals reached via educational efforts included social workers, physicians, teachers, probation officers, nurses, police, counselors, school principals and lawyers. The non-professionals included day care providers, students, volunteers, members of civic and service clubs, and general citizens.

Although the project has not conducted an overall evaluation of the extent to which the education has increased the knowledge and awarness regarding child abuse and neglect of those reached, some assessments have been made. Questionnaires to determine knowledge and attitude changes were distributed to members of the Advisory Board and 57 people in their respective agencies. All of these people responded that they were more knowledgeable

about the problem of child abuse/neglect and were more aware of the appropriate procedures to follow if the problem was suspected than they had been prior to the education received from Pro-Child staff. Similarly, a group of 45 people at a meeting of the Virginia Council of Social Workers responded unanimously that the presentations by project staff had increased their knowledge and awareness. In addition to these assessments, positive responses to queries regarding increased knowledge and awareness were received from the personnel in each of the five key agencies (police, schools, courts, hospitals and juvenile courts) and community personnel when interviewed by a member of the Berkeley Planning Associates staff. These respondents additionally volunteered that Pro-Child was the single agency in the county responsible for the educational efforts related to child abuse and neglect currently ongoing.

Another measure of the positive outcome of this education is the increase in referrals to the project from sources who have received some contact and previously referred infrequently. As of fiscal year 1976, these increases were 300 percent from hospitals, 235 percent from schools, and 300 percent from physicians, all substantial increases. As a proportion of total referrals, however, hospitals have only increased from two percent in fiscal year 1974 to five percent in fiscal year 1976, and private physicians, who reported one percent of the total cases in fiscal year 1974 reported just two percent in fiscal year 1976. The schools, in contrast, have shown a marked increase, having reported only nine percent of all cases in fiscal year 1974, and reporting 19% of all cases in both fiscal years 1975 and 1976. Each of these sources of referrals also appear quite knowledgeable regarding the types of situations appropriate for referrals to the project.

One hundred percent of the referrals from hospitals and physicians, and 70% of the referrals from school personnel are valid upon investigation.

Goal 2: To identify, diagnose and treat abusive and neglectful families and those in high risk situations with more innovative, effective and efficient methods.

One of the major aims of the Pro-Child projecy was to be able to provide a wide variety of services that were more appropriate for abuse and neglect clients than was previously possible under the protective services agency program. The services which have been developed to date include 24-hour hotline services for reporting cases, an intake process for abuse and neglect cases which is separate from the more bureaucratic DHR intake procedure, multidisciplinary team review of particularly severe or problematic cases, group counseling for mothers, couples, families, adolescent girls and alcoholics, homemaking services, medical care provided by a nurse who is part of the staff, a two-day a week day care program for children, two play therapy groups, an art therapy group, and a socialization group for children, and five temporary shelter homes to be used by clients during time of crisis. Obviously, not all clients are able to effectively use all of these innovative services, but it appears that most clients have made use of one or more of these new services in addition to receiving the more traditional individual counseling and supportive services.

At the current time, it is difficult to assess the actual effectiveness of these services, as data from the BPA evaluation has not yet been completely analyzed. It appears, however, that in fiscal year 1976, in about 70% of the cases terminated so far, the reason for termination was that the primary caseworker judged the case to be ready for closure. The remainder

of the cases which could be considered "unsuccessfully" closed were terminated for the following reasons: complaint not valid (9%), client unable to be contacted (3.5%), client refused services (3.5%), and family moved while receiving services (12%). The recidivism rate (based on the percentage of new reports which were for families previously open to the project) has dropped from 12.6% in fiscal year 1975 to 6.5% in fiscal year 1976.

Goal 3: To facilitate a more effective coordination and expansion of community resources for the delivery of services to abuse and neglect clients, including better defining respective agency roles.

The Pro-Child project has made many positive gains toward coordinating the community system for dealing with child abuse and neglect, and everyone surveyed by BPA staff agrees that the changes implemented by the project, and then strengthened by state law, have resulted in a more efficient and effective system.

Coordinative contacts have been made with and referral guidelines and reports sent to personnel in the courts, schools, District Attorney's office, police, all DHR units, hospitals, Head Start programs, Arlington Hotline, mental health clinic, Junior League, Northern Virginia Services League, YMCA, state delegates, Recreation Department, and the Northern Virginia Family Services agency. These agencies and institutions include all those in Arlington who could reasonably be defined as potentially involved in child abuse and neglect problems.

Pro-Child has used its 13 member Advisory Board as the primary education and coordination agent between its program and the agencies represented on the Board. Other mechanisms for ongoing communication and coordination

between agencies include providing feedback to complainants on the status of cases they have referred, inviting personnel from other agencies who are familiar with a Pro-Child case to participate in the case conference or multi-disciplinary team review of that case, and maintaining informal contact with the agencies referring cases about progress of the case throughout the treatment process.

Both the coordinative efforts of Pro-Child and the new Virginia law which centralizes the reporting system for abuse and neglect have reduced most of the duplication in the community system. It appears that all agencies save one are now reporting cases directly to Pro-Child for investigation and treatment planning. In the case of the juvenile court, both a review of cases reviewed by the court, and interviews with personnel there have indicated that some percentage of abuse and neglect cases (albeit small) are still being handled directly by the court staff rather than being reported to Pro-Child.

The outcomes of the coordination efforts undertaken by Pro-Child have been positive, markedly improving the efficiency and effectiveness of the system to deal with reported cases; the reporting, investigative and treatment duplication which plagued the system prior to fiscal year 1974 have been eliminated. However, with respect to expanding community resources available for these clients, only the project services developed under the new grant have in any way expanded Arlington's resource base, and there are some easily identifiable gaps in the community system which, so far, the project has not been able to remedy. As in many communities, there is a lack of adequate foster homes, especially homes appropriate for use by Pro-Child. Psychiatric services for children and programs for adolescents are almost

totally unavailable for these clients. There is little, if any, oureach into the community by Pro-Child or any other agency. Homemaking services are very scarce, although Pro-Child has a homemaker on its staff for abuse and neglect clients, and there are few community agencies or groups with funds to provide emergency financial assistance. Finally, there is a lack of appropriate services for cases of sexual abuse.

Goal 4: To strengthen family functioning wherever possible and thereby reduce inappropriate placements.

Ten new services have been developed specifically to strengthen family functioning, including: group counseling, family therapy, day care for children, family support homes, 24-hour hotline services, medical care, homemaking services, case aide transportation, volunteer aides to families, and consultation services to other agencies dealing with abusive and neglectful parents and their children. About 80% of the current caseload are receiving these services.

Pro-Child has also developed an agreement with the Foster Care Unit of DHR which is a major step toward ensuring that reunification of families wherever feasible is the primary emphasis of treating both children and parents. Under this agreement, when a child requires placement in foster care, but Pro-Child perceives this placement will be necessary for only six months or less, the Pro-Child worker on the case remains the primary caseworker for that case, rather than a foster care worker. In this way, the child can be protected, but parents continue to receive the treatment they need to enable them to care for their children in the future. Decisions as to return of children in foster care are made jointly by the Pro-Child staff member working with the parents and the foster case worker assigned

to the child. It is estimated that this agreement is being met in over 85% of the cases requiring foster care.

Although there are no criteria at present to measure "inappropriate" placements in foster care, there has been a significant overall reduction in foster care placements. In fiscal year 1974, 5.7% of the total caseload of 995 children were placed in foster care, compared to 2.9% of the total caseload of 1329 children in fiscal year 1976 and a projected 3.0% of the total caseload in fiscal year 1977. Only 12% of the children placed in foster care in fiscal year 1974 were returned home during that same year, while 49% in fiscal year 1975 and 55% in fiscal year 1976 were returned within one year of placement.

Goal 5: To increase the medical community's awareness of suspected abuse/neglect situations, the services available, and thereby increase referrals.

Steps taken to achieve this goal included presentations to physicians, nurses and auxiliary medical personnel in public and private agencies and hospitals, and distribution of informational packets to medical personnel in the community.

In addition, medical personnel are involved in both the Advisory Board and the multidisciplinary team, and other project components. A pediatrician who is the director of school health programs, and a child psychiatrist participate on the multidisciplinary team. The Director of Social Services at Arlington Hospital was the Chairperson of the Advisory Board for some time. There is one nurse who is a staff member of the project, providing medical supervision for clients requiring it, and other public health nurses make joint visits with Pro-Child staff on over 20% of the home visits and participate in case conferences as appropriate.

Despite these attempts to involve the medical community, an examination of the referrals do not reflect any significant increase in referrals from these sources. Referrals from hospitals have increased from 2% in the year before the project began to 5% during fiscal year 1976, and referrals from private physicians have risen from 1% to 2% of total referrals in the same two years, neither change being as large as desired. While it is clear that the medical input into project operation has been significant, it appears that the educational efforts designed to encourage more reporting from medical sources have not been successful to date.

Goal 6: To conduct evaluation and follow-up studies and participate in research to determine the effectiveness of Pro-Child, and to assess the implications of abuse and neglect on parents and children.

The Pro-Child project has been active in developing its own evaluation studies, participating in other research studies, and cooperating with the National Evaluation of the Joint Demonstration Projects.

Two studies have been undertaken by project staff to evaluate the effectiveness of their program. The first was an assessment of the developmental progress of children in the day care program, and the second was an evaluation of other agencies' perceptions of Pro-Child's success as measured by questionnaires distributed to personnel of the agencies represented on the Advisory Board.

Pro-Child staff and many clients have participated in six other research studies carried out by other evaluators in the nearby vicinity. These studies were assessing such variables as the social isolation of Pro-Child clients, the protection and nurturing abilities of people with abuse and

neglect problems, age and impulse control, interaction patterns of family members, empathy and role modeling techniques, and a pre-test of an innovative interviewing method.

In addition to these research activities, the project has cooperated fully in the National Evaluation. Close to 100% of the BPA forms have been completed and the staff have been extremely conscientious in completing all other tasks for this evaluation.

IX. PROJECT MANAGEMENT AND WORKER SATISFACTION

The Arlington project is one of the largest projects among the eleven demonstration projects. It has a total staff of 22 workers, 15 of whom are full-time. The average monthly budget is $22,161, and the project served approximately 179 clients each month.

The project's organizational structure is highly complex, in part because there are seven different disciplines actively involved in the program, and also because the project engages in a variety of activities including community and professional education, coordinating with other agencies, and extensive treatment options.

Although the project staff report a high degree of informality in their work environment, the project is nonetheless still subject to the regulations, procedures and specified job descriptions of the Division of Social Services. The project is somewhat less formalized than most in rule observation, and reports a high degree of job autonomy.

Although highly centralized, with the overall management and accountability resting ultimately with the Division and project director, project staff perceive they are afforded adequate participation in the decision

making which affects the project and their daily work. Workers in this project, unlike most protective service workers, select their own clients based generally on their interests and skills from a weekly intake staffing of all new clients.

Management

The Arlington project provides an unusual opportunity to examine a model of project management that was specifically designed to minimize worker burnout. The project proposal was written by a staff member in the Division of Social Services who had worked several years for the Department of Social Services, and who was beginning to experience the burnout phenomenon. Having been requested by the Department Director to write the demonstration project grant proposal, she took this opportunity to design a project specifically aimed at reducing the burnout both she and other coworkers had experienced. In this ideal project, workers would have access to a variety of services to provide for clients' needs (e.g., money, day care, homemakers). They would also be able to participate in decision making that affected them and their jobs (e.g., rather than finding a new case in the mailbox, a worker would choose his/her own clients). An environment of trust and support, where staff could share both their problems and creative ideas, would be fostered, and workers would be allowed sufficien latitude to test innovative client treatment options. Flexibility of work styles and opportunities for personal growth on the job would be stressed.

When the project monies were awarded to the Division these, as well as other creative management ideas, were implemented. As a result, the project ranks very high among the eleven demonstrations in leadership,

communication, staff support, job autonomy, innovation, peer cohesion, and job involvement. Overall job satisfaction is 71%. Most workers report that the project is well-managed, combining a formal organizational structure with flexibility and staff opportunity to participate in decision making. Most staff are satisfied with the support and trust that exists among workers and the positive feedback they receive, particularly the notice that is always forthcoming about a worker's accomplishments. It is apparent from all reports that the project's leadership and staff cohesiveness created an atmosphere conducive to high staff morale and a sense of the project's effectiveness and accomplishments.

Despite these positive aspects of the project, there are also management problems for which no satisfactory solutions have been found. The limitation of working within a bureaucratic organization and the difficulties encountered in obtaining needed services for clients from other division units and community agencies remain problems. The staff's greatest complaint was the amount of time wasted obtaining services for their clients due to agency regulations and red tape. Some of these problems resulted from a conflict that existed between other units in the Department and the project. There was a history of conflicts among division supervisors, and these were exacerbated when the addition of demonstration monies allowed an expansion of staff, increased resource availability, and singling out that unit (primarily the protective services unit) as an elite group. The subsequent resentment interfered with inter-unit working arrangements, even though project staff established relationships with individual workers in the other units and were able to improve somewhat the coordination between units. In the second year some of the inter-unit strife was

reduced through planned educational and cooperative meetings between units, but the problem of limited service resources elsewhere in the community continued as a problem for the project.

Another problem that had a demoralizing effect on staff was the extensive paper work requirements of the Division, Title XX regulations, the newly-developed central registry and the national evaluation. Workers reported that the amount of paperwork involved in service purchases precluded all but the most needy clients from obtaining day care and other services. Other workers noted the problems involved in securing state cars for visiting clients. These bureaucratic tangles served as disincentives toward providing clients the necessary services that were not available directly through the project.

Approximately 36% of the workers in the Pro-Child project reported some aspects of burnout. The problems mentioned above accounted for some of the workers' discouragement, but, in addition, there was a certain pessimism among staff who had worked with the project over two years about the meaningfulness of their client work. Many of the project's clients have difficult problems that do not respond quickly or easily to social work intervention. For some workers, it was especially disheartening to work with a client for months and begin to see progress, only to have it sabotaged by external forces. Some staff felt that their MSW training did not prepare them with the advocacy skills needed to manipulate environmental forces on behalf of their clients. Others were discouraged by the clients' hostility and lack of appreciation. But all staff agreed that they were better able to cope with these despondent periods because of the peer support, positive feedback and encouragement that a trusting, sharing work environment provided.

Turnover

Pro-Child experienced a fairly high turnover rate; 58% of the staff left the project during the three years. Many left for personal reasons, including a move, retirement or to have a family. A very small percentage reported that they left their jobs because of a disillusionment about the positive accomplishments that could be achieved by the profession or the agency, or because of the difficulties working with this client population. An even smaller percentage reported that they left the agency because of project management or supervision. The primary reason given for job termination was self-actualization of needs. A significant percentage reported that they left the project because of limited opportunities for growth and promotion in the project and because of better opportunities in a new job.

X. ANALYSIS OF CLIENT DATA

Client Flow

Referrals to Pro-Child are received primarily from schools, other agencies, parents and acquaintances. Every new referral is assigned to one of two intake workers for investigation. This worker makes a series of home visits to assess the home situation, the primary problems contributing to the abuse or neglect or potential abuse situation, and the client's motivation for accepting services. Collateral contacts are made with other people or agencies who know the family in order to gather as much information as possible. If a report is invalid or the persons involved cannot be found, the case is closed. If a report is inappropriate for Pro-Child, but the family has other problems, a referral is made to another agency or to a unit within DHR. For those cases that require only minimal service to help the

family maintain stability, the intake worker herself will often provide the necessary services for a few weeks and close the case. If, in the intake worker's judgment, the family will need ongoing services and support, she completes the family assessment, develops an initial problem diagnosis and presents the case to the full staff for assignment to an ongoing worker. Cases are assigned to ongoing workers based both on a staff person's desire to work with the case and on an attempt to maintain an overall equal distribution of cases.

The process of diagnosis and treatment planning, which begins at intake, continues through the first few meetings that the ongoing worker has with the client. The worker will ascertain more fully what the problems are and what services the client feels would be most helpful. The worker helps motivate the client to discuss his or her feelings and problems more fully and to agree to continued intervention by the project. Through consultation with his or her supervisor, outside agency personnel (if appropriate), and the project's consultants will formulate a treatment plan and present it to the client. If necessary, psychological or other tests will be administered to parents and/or children. Particularly complex or problematic cases may be presented to the multidisciplinary team for a shared diagnosis and treatment plan formulation.

Those services that are most appropriate to the client's needs, and which he or she is able to accept, are provided either directly by the project or through referral to other agencies. Continuing contact is maintained with other agencies, usually teachers or other service personnel who know the client, in order to assess progress or the development of new problems. Cases are reviewed every three months and new goals and treatment plans may

be established. A case may be reviewed by the multidisciplinary team any time a worker feels the need for additional input or is worried about the unsatisfactory progress of a case. Each of the consultants is also available for individual conferences about particular cases during the weeks the team does not meet. Services for both parents and children are provided as long as is necessary to promote adequate family functioning.

Normally a client remains in treatment until the family situation has stabilized, and the worker feels confident that there is minimal or no danger to the child and that the parent can no longer benefit from services. Many times clients will move from the area or will refuse further services, which, unless there is enough evidence to bring the case to court, also results in termination.

Client Characteristics

Table 1 depicts the characteristics of the clients and the cases referred to the Pro-Child project. The largest single source of referrals (22%) is school personnel including teachers, principals and guidance counselors. Acquaintances/neighbors and the Department of Human Resources (of which Pro-Child is a part) referred 17% and 13% of all clients, respectively. Parents, Court personnel and self-referrals each accounted for 7% of all other reports. The remainder of the cases were primarily reported from relatives, law enforcement agencies, hospitals, physicians and other agencies. Seventy-one percent of those cases reported had no previous record or evidence of about or neglect.

Physical neglect accounted for 31% of all cases, while physical or sexual abuse accounted for 16% of the cases. In contrast, 21% of the cases were ones of emotional maltreatment, while 30% were potential or high risk

cases only. The remaining 4% of the reports were cases of combined physical abuse and neglect. Almost one-quarter (24%) of all categories of cases were severe or moderate cases of abuse or neglect, or were cases of sexual abuse. Seven percent of the cases required a court hearing for a legal disposition to be made. This breakdown both between the types of cases accepted (e.g., abuse or neglect, emotional or physical, actual or potential) and the severity of those cases, is indicative of the project's overall approach to case acceptance. In general, all cases of child abuse/neglect, whether actual or potential, and irrespective of severity, are accepted for at least minimal service provision by the staff. Because resources for these families are scarce in Arlington, there is definitely a philosophy among the staff that if the project does not extend services to referred clients, they will receive no help from other sources. This philosophy is also reflected in the reasons for not accepting certain cases. Of the 238 cases referred to Pro-Child but not provided services, 114 (48%) were unsubstantiated cases, 77 (32%) were cases which could not be located or the clients refused services, and 44 (19%) were cases that were already open in another agency or were referred to another, more appropriate, agency. Only 11 (5%) of the cases were not opened because staff believed the case inappropriate for Pro-Child.

In 54% of the cases mothers were responsible for the maltreatment of the child; in 20% of the cases fathers were so responsible; and in 23% of the cases both parents were involved.

Family composition and socio-economic characteristics of the Pro-Child cases reflect the general Arlington population. These families, 32% of which were single-parent households, had an average of two children, but

almost half (45%) were single-child families. Pre-school children were present in 57% of the households. Half of the families were comprised of adults without a high school degree, although in only 17% of the households were none of the adults employed; all of these families were on public assistance. The average family income was $10,000, reflective of the middle nature of Arlington, but 46% of the families had incomes below $5501 per year. Even though the average age of the mothers was 32 years and that of fathers was 36 years, fully 55% of the families had adolescent parents.

The primary problems of the families, which may have led to, and certainly were at least a factor in the maltreatment of the child, included marital difficulties, financial worries, mental health problems, and social isolation.

Table 1

Client Characteristics

Source of Referral

Private physician	2%
Hospital	5%
Social service agency	13%
School	22%
Law enforcement	6%
Court	7%
Parent	7%
Sibling	1%
Relative	6%
Acquaintance/neighbor	17%
Self	7%
Anonymous	3%
Other agency	11%

Type of Maltreatment

Potential abuse or neglect only	30%
Emotional maltreatment only	21%
Sexual abuse	2%
Physical abuse	14%
Physical neglect	31%
Physical abuse & neglect	4%

Severity of Assault

Not serious	76%
serious	24%

Responsibility for Maltreatment

Mother	54%
Father	20%
Both	23%
Other	5%

Legal Actions Taken

None	40%
Court hearing	11%
Reported to mandated agency	56%
Reported to central registry	21%

Previous Record/Evidence of Maltreatment

None	71%
Previous record/evidence	29%

Demographic Information

Average number of children in family	2.3
Families with preschoolers	57%
Families with one adult	24%
No high school degree in family	50%
No minorities in family	66%
Families with no one employed	19%
Average family income	$10,000
Average age of mothers	32 yrs.
Average age of fathers	36 yrs.
Families with teenage parents	55%

Problems in Household Leading to Maltreatment

Marital	38%
Job-related	20%
Alcoholism	17%
Drugs	8%
Physical health	20%
Mental health	34%
New baby	8%
Argument/fight	21%
Financial problems	42%
Mentally retarded parent	3%
Pregnancy	2%
Heavy continuous child care	21%
Physical spouse abuse	10%
Recent relocation	16%
Overcrowded housing	10%
Abused as child	8%
Normal method of discipline	12%
Social isolation	28%

(N=367)

Quality of Case Management

In general, the case management practices at the project, evidenced in the reviews undertaken, were adequate. On most quality of case management measures, the project scores were within the average range of all projects' averages. Most cases (58%) were seen within seven days of referral, slightly lower than the average across all projects, and 71% of the clients received services within two weeks of the initial contact. Very few cases (15%) are reviewed by the multidisciplinary team compared to a 34% average for the group as a whole, and only 28% of the cases ever receive a case conference (staffing) at all, compared to 60% in the total demonstration group. Clients rarely participate in the service planning process, but this tended to be true for all projects. Most cases (95%) had only one case manager (compared to 78% of the demonstration group as a whole), and extensive contacts were made with referral sources for both background and progress information. In over half of the cases (54%), the clients received services from only the primary case manager, and in another 33% of the cases, only one other treatment provider was involved in the case, indicating perhaps a lack of service options of inadequate use of existing resources. Slightly better than half (59%) of all clients received some services from outside agencies, again indicating a lack of options or inadequate use of existing resources. Most cases (89%) remained in treatment from one to 12 months, with 13% of the cases terminated within three months.

Other observations of the review teams were that enough attention is given to meeting parents' treatment needs; the multidisciplinary team is not used to optimum capacity, and termination is probably occurring too

quickly (in order to handle the flow of new cases) to be considered good practice.

Table 2

Case Management Characteristics*

Time Between Referral and First Client Contact

Same day	15%
1-3 days	17%
4-7 days	26%
Within two weeks	13%
Within one month	22%
Over one month	7%

Number of Client Contacts (after initial contact) Before Treatment Plan

None	36%
One	36%
Two	16%
Three-five	9%
Over five	4%

Time Between First Client Contact and First Treatment Service

Within two weeks	71%
Two weeks to one month	9%
Over one month	18%
No services given	2%

Use of Multidisciplinary Review Team

At least one review	15%
Review during intake	3%
Review during treatment	12%
Review at termination**	1%

Use of Case Conferences (staffings)

At least one conference	28%
Conference during intake	18%
Conference during treatment	17%
Conference at termination**	4%

Use of Consultants

None	57%
One	9%
Two	15%
Three-five	12%
Over five	8%

Client Participation

Client presence at MDT's and/or case conferences	9%

Contact with Referral Source

For background information	89%
For progress reports	81%

Responsibility for Intake

Current case manager	47%
Other staff member	53%

Number of Case Managers

One	95%
Two	5%
More than two	0

Reason for Two or More Case Managers

Joint management	N= 0
Staff turnover	N= 1
Staff unavailability	N= 2
Lack of success with client	N= 0
Other	N= 0

Number of Treatment Providers in Project (other than case manager)

None	54%
One	33%
Two	2%
Three-five	9%
Over five	2%

(Table 2 continued on following page)

Table 2 (continued)

* Services from Outside Agencies. .59%

Evidence of Communication with Outside Agencies 89%
N=27

Frequency of Contact by Case Managers

Once per week or more	.26%
Once or twice per month	.57%
Less than once per month	.11%
Once or twice only	4%
Varied over time	2%
None	0

Follow-Up Contacts**

At least one contact (client/other agency)	.61%
Two or less (with client)	.94%
Three-five (with client)	4%
Over five	2%

Length of Time in Treatment

Up to three months	.13%
3-12 months	.76%
1-2 years	.11%
Over 2 years	0

*Throughout, percentages may not sum to 100% owing to rounding.

**Terminated cases only.

Total cases reviewed = 46; total terminated cases reviewed = 46.

XI. COMMUNITY IMPACT

Summary

The system for dealing with child abuse and neglect has undergone many positive changes since implementation of the demonstration project in May 1974. Centralization of the system, with Pro-Child (protective services) as the sole agency mandated to receive reports, forward case data to the central registry, undertake treatment planning, and coordinate service provision with other community agencies has been enhanced both by Pro-Child's educational and informal coordination efforts and by implementation of a new state law. Most agencies report that cases identified by their staff are now being referred to protective services, although it is probably the case that some cases are in fact being handled by the court and schools without referral to Pro-Child. In general, however, the system is functioning at a much more efficient and effective level. All new cases reported to Pro-Child are also reported to the Central Registry.

An increase in the total number of cases reported to protective services has occurred between fiscal year 1974 and fiscal year 1977. This increase can be correlated with the increased staff capacity at the project (from 7 to 12 people) that has allowed more education and coordination to be undertaken. No other community agencies have increased the resources they commit to the child abuse and neglect problem, either in terms of staff, or in terms of the kinds or amounts of services they provide to their clients.

There have been only a few changes in the sources of reports to protective services, with the percentage of reports from the local welfare

department (DHR) increasing slightly, while reports from schools, relatives and neighbors have increased dramatically. The project's educational focus on these groups has certainly contributed to this increase, although national publicity has no doubt played some part.

In general, implementation of the demonstration project and the new state law have contributed most substantially to changes in the community system in Arlington, and there is some evidence to suggest that the project has played the major role in the community changes. The two areas in which the project has been most successful in the community are in the development of numerous new service components (e.g., group counseling, day care, children's therapy), and in the formal and informal education and coordination provided to professionals and community residents. The latter efforts have contributed to developing a core group of people committed to increasing the effectiveness of the overall system, and have laid the groundwork for a system that deals more carefully and consistently with people who have problems in the area of child abuse and neglect.

Community System Operations

The primary service delivery system for clients with child abuse and neglect problems prior to implementation of the demonstration project in May of 1974 consisted of several agencies working relatively independently of each other. The Protective Services Unit of the Department of Human Resources had the responsibility of providing services to substantiated and potential child abuse/neglect cases, but was not legally mandated to receive reports, although they did receive them from some agencies and individuals. The police and Juvenile Domestic Relations Court, the legally mandated agencies to receive reports, worked inconsistently with each other and with

the protective services agency. Thus, cases were reported to any of three agencies and in some cases, a single case was reported to more than one agency. Duplicate investigations were occasionally carried out by these agencies.

The criteria for "substantiating" reports varied; the police and the courts maintained a strict legal definition, while protective services used broader criteria, including "potential" as well as actual abuse/neglect cases. None of the community agencies reported cases to the state Central Registry, although required by law to do so.

The disposition of cases and the services received by clients depended, in part, on the agency which received the report, with each agency prescribing primarily those services available or known to it.

Several gaps in the community system existed. There was virtually no outreach into the community. Preventive services were provided only to clients referred to protective services as "potential" abuse and neglect cases, although some other community agencies, e.g., mental health services, Northern Virginia Family Services, etc., were no doubt providing some preventive counseling services without labeling clients as potential abuse cases as such. Because there was no provision for 24-hour services in the community, reports of abuse and neglect received after hours (often the most serious cases) went to the police and were handled in much the same way as any criminal complaint.

Few other community agencies perceived a role for themselves with respect to abuse and neglect cases. Except for severe cases, the schools, hospitals, and public and private social service agencies handled abuse and neglect cases in the same ways in which they would handle all "social service" problems.

In 1974 the demonstration project, Pro-Child, became part of the existing protective services agency, almost doubling the resources available to that agency. Because this was already the agency most capable of providing treatment services, one goal of the project from the outset was to have protective services become the central Arlington agency for both the receipt of reports, service planning and treatment, making referrals to other agencies as appropriate. Through intensive education and coordination endeavors, this had practically been accomplished by project staff when a change in the state law mandated that protective service agencies across the state become the only agencies legally designated to receive reports. Thus, Pro-Child has become the central focus for the child abuse and neglect system, ensuring that reported cases are handled consistently, and providing the link with other community agencies (the courts, police, schools, hospitals and community treatment agencies) to promote coordination of the system.

Criteria for accepting clients based on the type and severity of abuse and neglect, and definitions of what should be considered abuse and neglect have been developed and distributed to all community agencies by the project. Procedures for referring cases for treatment have been established, but the primary treatment source remains the project. A 24-hour reporting system has been developed by the project to provide off-hours coverage. The Advisory Committee to the project includes representatives of most key agencies in the community and serves as another focus of coordination for dealing with both policy and programmatic issues of the child abuse and neglect system.

Caseload Size and Case Outcomes

During the baseline period (FY74) 279 cases were reported to protective services. In fiscal year 1975 this had risen to 341 cases, an increase of 20%. In fiscal year 1976, 367 reports were received, and in fiscal year 1977, the projected number of reports is 432. This figure represents a 65% increase in reporting over the baseline period. This increase, however, may be due to the recent centralization of the reporting system, with many reports which used to be received by the courts and police now being forwarded to protective services. However, data from the Juvenile Court also shows an increase in the reports received, from 30 reports during calendar year 1974 to 70 reports during calendar year 1975. Staff from the police department maintain that all cases identified by them are immediately reported to protective services, so an increase in reports cannot be validated from that source. From the data of the court and protective services, it appears that the reported incidence is in fact increasing at a fairly substantial rate.

Of the 270 reports received by protective services in fiscal year 1974 (baseline period), 70% were substantiated, but during fiscal year 1975, 84% of the 341 reports received were substantiated. Although not a dramatic increase, this change is perhaps indicative of a heightened awareness on the part of both agency personnel and the community of the kinds of cases which are appropriate for referral to Pro-Child.

There have been several changes in the source of reports to protective services during the demonstration project period. One significant change is the reduction in the proportion of cases reported by the Department of Human Resources from 29% in fiscal year 1974 to 19% in fiscal year 1976. This perhaps indicates that a broader range of cases across the community

are being identified, rather than primarily those cases previously known to the social services or "welfare" system. Two other changes are readily evident. The proportion of reports from schools has increased from 2% to 19% and the proportion of reports from relatives and neighbors has increased from 19% during the baseline year to 32% in fiscal year 1976. It is likely that the project's educational efforts, which were focused on both the general community and school system during the first year, contributed to these changes by clearly defining to school personnel and community residents the kinds of cases which should be reported and to whom they should be reported.

Although data on the final disposition of all cases in the Arlington system, particularly cases that were referred to the court, are not currently available, the following table illustrates changes in the foster care placements of abused and neglected children during the project period.

Foster Care Placement and Returns, FY74, 75, 76, 77

	FY74[1]		FY75[2]		FY76		FY77	
	No.	%	No.	%	No.	%	No.	%
Total children in project caseload	995	100	1205	100	1329	100	1462[3]	100
Children placed in foster care	57	5.7	86	5.0	40	2.9	44[3]	3.0[3]
Children returned home in same fiscal year	7	12	52	60	22	55	NA	
Average length of stay	NA		3.2 months		3.1 months		NA	

[1]Data from previous Pro-Child director's statistics.

[2]Data from Pro-Child's re-funding application, February 1976.

[3]Projected on basis of first five months data.

Although the project has served an increasing number of children every year, the percentage of children placed in foster care has decreased by almost 50% since federal funding. Additionally, the proportion of children placed who are returned home in the same year has increased dramatically. Many factors are probably contributing to this, including Pro-Child's emphasis on providing alternatives to foster care, and the staff's desire to have children returned as soon as the home situation can be considered safe, while providing continuing supportive services to parents.

Legislation

New state legislation was passed in March of 1975 which considerably broadened the definition of child abuse/neglect, and also provided a more centralized organizational structure for handling reports and providing services to these clients.

The most important changes in the legislation include: designation of the local social services agency (protective services) as the sole agency to receive reports; provision for development of a state-wide 24-hour reporting system; establishment of a central registry; and inclusion of penalties for non-reporting.

By means of its educational program, Pro-Child is continuing to alert both community agencies and residents to the provisions of the law and providing them with information relative to reporting suspected cases. Staff of all community agencies interviewed felt that the new law would increase the effectiveness of the system for dealing with abuse/neglect cases and understood their responsibilities under the new law.

Community Resources

With the exception of the demonstration project (protective services), no agencies in Arlington have staff specifically committed to dealing with child abuse and neglect problems. Rather, staff of these other agencies, including probation officers of the court, the juvenile division staff at the police department, school social workers, foster care workers, hospital social service staff, public health department staff, hotline referral staff and staff in several counseling agencies, provide services to abuse/neglect clients in much the same way as they would to other clients. Because of the problems defining abuse/neglect cases, most of these agencies do not have data on the actual number of cases to which they provide services, and therefore, cannot estimate the percentage of staff time committed to abuse and neglect.

With the receipt of the demonstration grant, protective services was able to increase its staff from seven to 12 workers, and additionally to acquire the consultation services of a psychiatrist, psychologist and a lawyer. The services available through protective services include: case management; multidisciplinary team review; individual therapy and counseling; group counseling; psychological testing; couples and family counseling; day care; art therapy for children; homemaking services; babysitting and child care; and ancillary services including transportation and emergency funds. All but case management, individual therapy and counseling, and ancillary services are new services developed subsequent to federal funding.

Services available through other community agencies are limited primarily to counseling and therapy and to some advocacy and support services.

There is little in the way of outreach or preventive services available anywhere in the community, and follow-up of cases terminated from protective services or other agencies is seldom carried out. Volunteers have not been used to any great extent in the Arlington system.

The project has made some gains in their attempts to expand and coordinate the services available in Arlington, but the primary service expansion to date has been from the federal demonstration grant, which leaves it unclear whether many of the services currently provided by protective services will be continued after termination of the grant if additional money is not forthcoming.

Community System Coordination

The coordination of the community system dealing with child abuse and neglect in Arlington has changed in several areas since the implementation of the Pro-Child project. The Advisory Committee to the project includes representatives from the schools, police, court, hospital, Public Health Department, and several private and public social service and referral agencies. These representatives are the coordinative link between protective services and all other agencies, and the monthly meetings of the Committee serve as the vehicle for jointly establishing many of the procedures under which the system operates. The primary coordination efforts to date among all these participants have been in the areas of reporting, investigation and feedback to complainants, and the procedures developed are closely adhered to by most agencies. Forms for reporting cases have been developed by Pro-Child and distributed to all relevant agencies, and the use of the

Pro-Child phone number and after-hours hotline number have been carefully explained. Procedures for conducting investigations, particularly during off-hours (when police assistance may be necessary) have been developed. Forms for providing feedback to complainants (both agency staff and community residents) have been developed, although these are not always used.

Coordination on individual cases is achieved primarily when a protective services staff member initiates contact with other agencies about specific cases. Approximately 10 coordinating contacts have been made by project staff each month.

Changes in the state law have also contributed to better coordination of the Arlington system. Centralization of reporting within protective services and a clearer definition of reportable incidents has led to more focused identification, investigation and treatment provision, all of which are done primarily by protective services, but which are also coordinated with other agencies as necessary. The state record keeping system which went into effect in June 1975 covers all child abuse and neglect reports in Virginia. This aids in coordination between contiguous counties (e.g., Arlington and Fairfax counties) which is important since so many in this population are very mobile. The information in the central registry will also provide basic data on reported cases which, if made available to all community agencies, should increase their awareness of the problems in the system and help spur further coordination between agencies.

Education and Public Awareness

The level of education and training on child abuse and neglect has increased substantially since the baseline period (FY74). Prior to implementation of the project, few community agency personnel except protective

services staff had received any education or training about the etiology of abuse and neglect, criteria for identifying cases, or the resources available in Arlington to deal with the problem. Since that time, staff of Pro-Child have provided education and training sessions to staff of most key community agencies including schools, court, police, and hospitals. Many other agency staff, such as public health nurses, foster care workers, day care staff, and staff of other counseling agencies have also received education since implementation of the project.

Efforts to educate residents of the Arlington community have included speaking engagements with community groups, television and radio appearances, and contributing to newspaper and magazine articles. In terms of educational effort, less priority has been placed on general community education than on professional education. Pro-Child staff have provided approximately eight educational sessions per month to professionals and community residents. The primary results of this education have been increased requests for additional education, and to some extent, an increase in referrals to the project.

Representatives of all key agencies interviewed agreed that the amount of education/information provided to professionals and community residents has increased markedly since fiscal year 1974. They also agreed that, in addition to the proliferation of newspaper and magazine articles which is generally occuring around the county, protective services has been the primary agency in Arlington providing education about abuse and neglect. None of the agencies interviewed have increased their own education efforts, nor do they perceive this as an appropriate role for their staff, which raises some questions about the continuity of educational efforts if the project cannot carry them out due to lack of money after federal funds run out.

XII. RESOURCE ALLOCATION AND SERVICE VOLUME AND COSTS

The allocation of both staff time and dollars during the project's operation reflects the project's emphasis on direct services to clients, both parents and children. During 1976, 14.23 person years of effort were expended on the project, at a total budget of $225,984. Table 3 depicts the average allocation and service unit costs.

With the exception of general management and day care, both the proportion of time spend on various project activities and the proportion of the budget those activities consumed are quite similar (within two percentage points). General management cost proportionally more due to the high salaries of senior level staff performing that function, and the actual cost of day care was lower than the proportion of staff time allocated because of the use of unpaid volunteers working in the day care program.

About 5% of the resources (staff time and dollars) were expended in educational activities, 1% of coordinating activities within the community, and 14% on general management, staff training and program development combined. Research and evaluation activities consumed 4% of the resources.

The project served an average of 179 clients per month, offering most clients a combination of counseling or therapy (individual, group, couples, family or lay therapy), crisis intervention, diagnostic services, and supportive services such as homemaking, medical care, babysitting, transportation and emergency funds. A small number of cases were reviewed by a multidisciplinary team, and about 19 cases per month were court-involved cases. The management and review of all cases consumed about 27% of the staff's time and the project resources, by far the largest proportion of

both expenditures on any single activity. Day care expenditures (6% of the dollars and 12% of the staff time) were also proportionally higher than other categories Conducting intakes, providing individual counseling (the primary adult service offered), and transporting clients were the next largest resource-expensive activities.

As ~~is~~ depicted in Table 3, the unit costs of activities remained relatively stable during the demonstration period, with a few notable exceptions. Case management, multidisciplinary review and play therapy unit costs were significantly higher as caseload size or the number of cases reviewed or the number of children in play therapy were lower than average, reflecting both more intensive services to fewer clients and the fixed costs of convening the team and having the play therapist conduct a session, irrespective of the number of cases reviewed or the children served per session. The wide fluctuation in unit costs of several other services, including homemaking, court case activities, crisis intervention and medical care appear to reflect primarily a difference in the intensity (staff time) with which the service was provided.

The unit costs of most services were well within the average for the demonstration projects as a whole. It is interesting to note that in Arlington, as in the other projects, the costs of multidisciplinary team reviews are high, $50 actual cost per review and almost $100 if the value of donated time is included in the calculation. Outreach services, intake and initial diagnosis, and court-case activities are also costly services, due to the amount of staff time required to carry out these activities (much of which is spent locating clients or waiting with them).

Table 3: Project Resource Allocation and Service Costs

Activity	Resource Allocation to Activities		Volume and Unit Costs of Services		
	Average Annual Time Allocation	Average Annual Budget Allocation	Average Monthly Volume	Average Annual Unit Cost	Average Unit Cost to Community
Community Education	1	2			
Professional Education	3	3			
Coordination	1	1			
Staff Development/Training	7	7			
Program Planning/Development	1	1			
General Management	6	13			
Project Research	1	1			
BPA Evaluation	3	3			
Outreach	1	1	12 cases	$23.53	$23.87
Intake/Initial Diagnosis	8	8	32 intakes	46.42	46.42
Case Management/Review	26	28	179 average caseload	29.67	29.85
Court Case Activities	4	4	19 cases	38.75	44.12
Crisis Intervention During Intake	1	1	26 contacts	8.71	8.76
Multidisciplinary Team Review	1	1	6 reviews	51.96	99.57
Individual Counseling	7	8	273 contacts	5.92	5.97
Parent Aide/Lay Therapy	2	--	20 contacts	7.16	7.29
Couples Counseling	--	--	9 contacts	9.55	9.55
Family Counseling	1	1	23 contacts	9.95	9.95
24-Hour Hotline	--	--	12 calls	4.91	4.91
Individual Therapy	--	1	11 contacts	12.01	12.01
Group Therapy	1	2	72 person-sessions	4.18	4.29
Crisis Intervention After Intake	1	1	29 contacts	10.10	10.10
Day Care	12	6	153 child-sessions	6.96	8.42
Play Therapy	2	1	30 child-sessions	5.75	6.37
Homemaking	1	--	9 contacts	5.90	5.90
Medical Care	2	2	12 visits	12.40	12.60
Babysitting/Child Care	--	1	222 child-hours	.50	.52
Transportation/Waiting	8	6	293 rides	4.00	4.21
Emergency Funds	--	--	6 payments	--	--
Psychological/Other Testing	--	1	9 person-tests	26.37	26.37
Follow-Up	--	--	11 person follow-ups	4.05	4.05
Total Annual Person-Years/Budget	14.23	$225,984	Average Monthly Caseload = 179		